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(Re	equestor's Name)	
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R. WHITE
AUG 1 4 2019

COVER LETTER

	on Section Corporations
SUBJECT:	Hot Wired Vaporium LLC, Name of Limited Liability Company
The enclosed Arti	es of Amendment and fee(s) are submitted for filing.
Please return all c	respondence concerning this matter to the following:
	Name of Person
	Firm/Company 39 Rivercire e (circle) Address City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further inforn	ion concerning this matter, please call:
Ke	ime of Person at (863) 606-2253 Area Code Daytime Telephone Number
Enclosed is a chec	for the following amount:
□ \$25.00 Filing	ce Solutional copy is enclosed) Solutional copy is enclosed) Solutional copy is enclosed) Solutional copy is enclosed) Solutional Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Same of the Limited Clability Comba (A Florida Limited	iny as it now appears on our re Liability Company)	C 7019 AUG 1.2 PH 12: 01
The Articles of Organization for this Limited Liability Company Florida document number <u>LI+OOOI64</u> .68		8 19 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2869 NE 7	th STREET
(Principal office address MUST BE A STREET ADDRESS)	Apr. B	
	Ocala, t	L 34470
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2869 NE Apr. B Orala F	7th STREET
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ldress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document the being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Mana AMBR = Autho			
Title DGROWNER AMBR	Name R Kevin Grover	Address 39 River Circle Lakeland Fl. 338	
	helly Jefferson	39 River Circle Lakeland, FL 3381	□ Change □ Add S Remove
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(If an ef Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	6.28.19 >019
	Signature of a member or authorized representative of a member
	Kevin JAY Grover Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00